

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90019 007 \*\*\*150.00

**DOCUMENT # P00000045743**

1. Entity Name  
**COAST TO COAST JEWELRY & COIN, INC.**



Principal Place of Business  
**1801 NW HWY 19, STE. 221  
CRYSTAL RIVER, FL 34428**

Mailing Address  
**1801 NW HWY 19, STE. 221  
CRYSTAL RIVER, FL 34428**

**40032244**



2. Principal Place of Business  
**3455 WEDGEWOOD LN**

3. Mailing Address  
**3455 WEDGEWOOD LN**

Suite, Apt. #, etc.  
**STE 508**

Suite, Apt. #, etc.  
**STE 508**

03042005 Chg-P CR2E034 (10/03)

City & State  
**THE VILLAGES FL**

City & State  
**THE VILLAGES FL**

4. FEI Number  
**59-3647033**

Applied For  
Not Applicable

Zip  
**32162**

Country  
**US**

Zip  
**32162**

Country  
**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ATWELL, CHRISOPHER C  
1801 NW HWY 19, STE. 221  
CRYSTAL RIVER, FL 34428**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **ATWELL, CHIRSTOPER C**  
STREET ADDRESS **1801 NW HWY 19 STE 221**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **VP** ☐ Delete  
NAME **ATWELL, CHARLES**  
STREET ADDRESS **1801 NW HWY 19 STE 221**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **S** ☐ Delete  
NAME **ATWELL, ROBERT**  
STREET ADDRESS **1801 NW HWY. 19, STE. 221**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **T** ☐ Delete  
NAME **ATWELL, SUSAN**  
STREET ADDRESS **1801 NW HWY 19, STE. 221**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☒ Change ☐ Addition  
NAME **ATWELL, CHRISTOPHER C**  
STREET ADDRESS **5732 SE 3RD PLACE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **VP** ☒ Change ☐ Addition  
NAME **ATWELL, CHARLES**  
STREET ADDRESS **45 BANYAN DRIVE**  
CITY-ST-ZIP **OCALA FL 34472**

TITLE **S** ☒ Change ☐ Addition  
NAME **ATWELL, ROBERT**  
STREET ADDRESS **257 LEXINGDALE DR**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **T** ☒ Change ☐ Addition  
NAME **ATWELL, SUSAN**  
STREET ADDRESS **45 BANYAN DRIVE**  
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRISTOPHER C ATWELL**

Date

Daytime Phone #

352-751-

4460